

## **New NCHS Initiatives Expand Data Collection and Analysis Roles**

The National Center for Health Statistics (NCHS) has begun an extensive review and modification of its health survey activities to increase the availability and scope of the health data it provides.

New survey mechanisms are being developed, certain existing surveys are being expanded, and a first-time survey is being made of the nation's employers. Those activities are being undertaken to help meet anticipated needs for new and more extensive health data in coming years.

New surveys are already in use in the field and others are in planning stages. Revised survey and sample designs are being used to expand the available data on minority health as new methodologic and analytic approaches are developed.

NCHS is the Federal Government's vital and health statistics agency, charged with monitoring the nation's health. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability and the use of health care. NCHS is part of the Public Health Service's Centers for Disease Control and Prevention.

The National Health Interview Survey (NHIS), a continuous household interview survey, provides data on health insurance coverage, access to care, immunization status, and other population-based measures of health status and use of health services. Sample sizes will be increased for a better assessment of particular populations, such as racial and ethnic minorities, children, and the poor. The survey was modified in July 1993 to include new supplements on health insurance and access to care; those will be used in monitoring patterns of utilization as changes in the health care system are implemented.

In 1994, NHIS will conduct a survey sponsored by the Robert Wood Johnson Foundation to followup an earlier survey on access to health care. The study will obtain greater detail on persons with access problems and could

be the basis for future longitudinal studies. NHIS will include a survey of the disabled population in 1994. There will be a special need to judge the impact of expected changes in the health care system on such potentially vulnerable populations as children, the poor, minorities, and the disabled.

NCHS is completing the remaining components of the National Health Care Survey, designed to measure the utilization of health care in the full range of health care settings. The National Home and Hospice Care Survey has issued its first report, which covers the 1992 data year. Data collection has been completed for the National Hospital Ambulatory Medical Care Survey and the National Survey of Ambulatory Surgery. Those complement the long-standing surveys of office-based medical care, inpatient hospitalization, and long-term care utilization. Surveys based on records of encounters with health care providers are planned.

NCHS, the Health Care Financing Administration, and the Agency for Health Care Policy and Research are collaborating on the National Employer Insurance Survey for 1994 and future years. Planned at the request of the White House Task Force on National Health Care Reform, the 1994 survey will provide information on employer-sponsored health insurance premiums, the employer and employee premium share, the total amount of benefits provided, and the administrative costs. The survey will provide information on the breadth of policy benefits and the number and characteristics of plans in each establishment. It will be the source for previously unavailable data on spending patterns at the State level. To assess the immunization status of preschool children, State-level monitoring surveys will be initiated.

### **Future Directions**

NCHS is considering a number of new information systems and surveys. NCHS data systems may be designed to include a mechanism to provide real time monitoring of health status and changes in health care delivery. That mechanism would involve quick-turn-around telephone interviews with households, providers, and other groups of interest. Other possible ap-

proaches call for the expansion of the NHIS sample to enhance the ability to produce minority statistics, special topic data, and State-level data.

Expanding the sample would increase the ability to produce model-based estimates in the absence of actual State- or community-level data. Another expansion would be a tracking survey of health expenditure data, tied to the annual NHIS to assess change in selected measures of expenditures between cycles of the National Medical Expenditure Survey, conducted periodically by the Agency for Health Care Policy and Research. The National Health and Nutrition Examination Survey, now in the last year of a 6-year cycle, may be redesigned to operate in continuous 2-year cycles to produce data on a regular and current basis.

The Center's vital statistics systems are being redesigned to utilize electronic birth and death records and to have data in a continuous flow from State vital statistics offices into the national system. The program will use automatic query programs to check for accuracy and systems that capture data at the source and relay it without the need to rekey or to duplicate any processing steps. Those changes will speed access to data on births and deaths as well as increase the analytical detail available in the first or provisional data files. NCHS is working with State vital statistics offices to initiate those changes.

### **AIDS-Related Behaviors and HIV Testing**

Changes that women are making in their sexual behavior in response to the human immunodeficiency virus (HIV) epidemic are described in a new report. NCHS found that while increasing numbers of women are taking steps to prevent sexually transmitted disease (STD) infection, more than half of those who use condoms with their partners did so inconsistently.

"AIDS-related Behavior Among Women 15-44 Years of Age," shows that in 1990, 18 percent of sexually experienced women, those who have had sexual intercourse at least once in their lifetime, reported having made changes in their sexual behavior to avoid HIV infection, a level up from 14 percent in 1988 (1).

Although 22 percent of women reported that they used condoms, either to prevent disease or for contraception, only 10 percent used condoms every time they had intercourse. About 21 percent of college-educated unmarried women reported that their partners always used condoms, compared with 4 percent of unmarried women who did not complete high school.

Another new study, "HIV Antibody Testing in Women 15-44 Years of Age," shows that as of 1990 more than 20 million of the 58 million American women of childbearing age had been tested for antibodies to HIV (2). Non-Hispanic black women, women 20-29 years old, those who had been divorced, and those with the most education were most likely to have been tested. Most women reported they had been tested at American Red Cross or other blood banks, or by a physician in private practice, or by a health maintenance organization.

Women appear to be taking their personal risk behaviors into account in seeking to be tested for HIV infection. For example, 50 percent of the never-married women who ever had an STD reported having been tested, compared with 34 percent who had never had an STD. About 47 percent of the never-married women who have had six or more sexual partners had been tested, compared with 34 percent of those with one partner in their lifetime.

#### **Negative Moods Related to Smoking and Alcohol Use**

Efforts to curb smoking and heavy drinking might be more successful if emotional health issues were addressed at the same time. "Negative Moods as Correlates of Smoking and Heavier Drinking: Implications for Health Promotion" (3) focuses on the health promotion implications of negative moods as they correlate with smoking and heavy drinking, reporting that

- Adults who were often depressed were about 40 to 50 percent more likely to smoke than adults who were never depressed.
- Men and women who were often lonely were about 60 to 70 percent more likely to smoke than persons who were never lonely.
- Men who were often lonely or bored were almost twice as likely to drink

heavily as men who never felt that way.

- Men with the highest levels of negative moods were three times more likely to be a heavy drinker than men who had no negative moods; no relationship was found between negative moods and heavy drinking among women.

#### **Expanding CD-ROM Dissemination of Data**

Data sets now available on CD-ROM computer diskettes include the Longitudinal Study of Aging (LSOA), the National Hospital Discharge Survey (NHDS), and 1989-91 data from NHIS. LSOA was designed to measure changes in functioning and living arrangements, including institutionalization, in a cohort of the "oldest old." The LSOA diskette contains the LSOA Interview and National Death Index Data; Medicare Hospital Data, Part A; and Medicare Hospital Data, Parts A and B.

Three diskettes contain 1989-91 NHIS data on the health of the civilian, noninstitutionalized population. The data provide access to records on the use of medical services, acute and chronic conditions, restricted activity days due to illness, visits to physicians, visits to hospitals, and knowledge and attitudes concerning acquired immunodeficiency syndrome (AIDS).

Special topics are covered for each year of the survey. For 1989, the survey emphasized health care coverage, adult immunization, dental health, digestive disorders, mental illness, and diabetes. For 1990, the special topics were use of assistive devices, hearing problems, podiatry, and health promotion and disease prevention. Hearing, unintentional injury, pregnancy and smoking, child health, environmental health, and health promotion and disease prevention were covered in 1991.

The diskette for the 1990 NHDS includes more than 265,000 records, with information on hospitalization, first-listed diagnoses, procedures, days of care, all-listed diagnoses and diagnostic-related groups. The survey collected data from a sample of records in a sample of short-stay, non-Federal hospitals throughout the United States. The data can be used to examine patterns of hospitalization by demographics of patients, as well

as the frequency of diagnoses and surgical and nonsurgical procedures.

All diskettes are provided with instruction guides, help screens, complete documentation, and search software developed especially for CD-ROMs. Users can export data for use with SAS, SPSS, DMDP, EPI Info, dBase and other software packages. All CD-ROMs are in ISO 9660 format. Using the CD-ROMs requires a CD-ROM reader, an IBM-compatible PC at least 80286-based, 640K of memory, MS DOS version 3.1 or higher, and Microsoft CD-ROM extensions, version 2.0 or higher.

NCHS provides technical assistance in using the CD-ROMs. Call the NCHS Data Dissemination Branch at (301) 436-8500 for information on obtaining and using data in that format.

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*LSOA CD-ROMs are available from the National Technical Information Service (NTIS), order number PB93-506848, price \$30.*

*NHIS CD-ROMs are available from both NTIS and the Government Printing Office (GPO). NTIS order numbers are 1989, PB93-507200; 1990, PB93-507218; and 1991, PB93-506855; price \$30 each. GPO stock numbers, 1989, 017-022-01223-5; 1990, 017-022-01227-8; and 1991, 017-022-01228-6; \$16 each.*

*NHDS CD-ROMs are available from both NTIS and GPO; GPO stock number 017-022-01229-4, \$16; NTIS order number PB93-506863, \$30.*

#### **References.....**

1. Mosher, W.: AIDS-related behavior among women 15-44 years of age. Advance Data from Vital and Health Statistics, No. 239. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, December 1993.
2. Wilson, J.: HIV antibody testing in women 15-44 years of age. Advance Data from Vital and Health Statistics, No. 238. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, December 1993.
3. Schoenborn, C., and Horn, J.: Negative moods as correlates of smoking and heavier drinking: implications for health promotion. Advance Data from Vital and Health Statistics, No. 236. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, Nov. 4, 1993.